

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/723,320
Filing Date	11/25/03
First Named Inventor	Walter P. Heim
Title	Electrosurgical Mode Conversion Sys
Art Unit	3739
Examiner Name	Michael F. Peffley
Attorney Docket Number	1004-538

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

61275

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

61275

OR

☐ Firm or
Individual Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Email:

I am the:

☐ applicant/inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(a) is enclosed. (Form PTO/SB/05)

SIGNATURE of Applicant or Assignee of Record

Signature:

Date:

Name:

Paul L. Ray

Telephone: 303-447-0041

Title and Company:

President & Chief Executive Officer, Surginetics, LLC

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required; see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.21, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is the right of the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.13 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, reviewing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount or time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FILE OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.